

# Request for Voluntary Exclusion

## Instructions - Read carefully

- Read the entire form and the Voluntary Exclusion Program Rules (attached) before responding to the questions.
- Print in blue or black ink the answers to all questions.
- Present a valid driver's license or government-issued identification card.

## Important Notice

By signing and submitting this request, you are agreeing to refrain from visiting all Indiana casino riverboats for at least one year. The Indiana Gaming Commission (IGC) and Indiana riverboat licensees and operating agents will comply with the provisions of IGC Rules to protect and maintain the confidentiality of your placement on the Voluntary Exclusion List. However, because information regarding your request must be released to the owners of facilities under the jurisdiction of the IGC in order to enforce provisions of the Voluntary Exclusion Program Rules, the IGC cannot guarantee the confidentiality of the information.

## Section 1: Personal Information

1 Full legal name of individual requesting voluntary exclusion:

First name Initial Last name

2 Alias/nicknames/other names used:

First name Initial Last name

First name Initial Last name

3 Residential address: \_\_\_\_\_  
County of Residence \_\_\_\_\_

Street or PO Box \_\_\_\_\_

City State Zip

4 Residential telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Other telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

5 Social Security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

6 Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

7 Driver's license number \_\_\_\_\_

8 Gender ☐ male ☐ female

9 Physical description

Height \_\_\_\_\_ Weight \_\_\_\_\_

Hair color \_\_\_\_\_ Eye color \_\_\_\_\_

10 Contact lenses ☐ Yes ☐ No

11 Ethnic origin

- ☐ Caucasian/White ☐ African-American/Black  
☐ Hispanic ☐ Native American  
☐ Asian/Pacific Islander  
☐ Other \_\_\_\_\_

12 National origin \_\_\_\_\_

Passport number \_\_\_\_\_

Alien Registration number \_\_\_\_\_

Country of citizenship \_\_\_\_\_

13 Complexion

- ☐ Light ☐ Medium ☐ Dark

14 Noticeable physical characteristics  
(birthmarks, scars, tattoos, etc.)

\_\_\_\_\_

\_\_\_\_\_

15 I hereby request placement on the Voluntary Exclusion List for a period of:

- ☐ One year ☐ Five years ☐ Life

16 I was referred by:

- ☐ Casino employee ☐ Signs at the casino  
☐ Family member ☐ Mental health provider  
☐ Billboard/radio/television advertisement  
☐ Other \_\_\_\_\_

## Section 2: Waiver and Release

I release and forever discharge the state, the commission, and its employees and agents from any liability to me and my heirs, administrators, executors, and assigns for any harm, monetary or otherwise, that may arise out of or by reason of any act or omission relating to this request for placement on the voluntary exclusion list or request for removal from the voluntary exclusion list including the following: (A) the list's processing or enforcement; (B) the failure of a riverboat licensee or operating agent to withhold direct marketing, check cashing, or extension of credit to a voluntarily excluded individual; (C) disclosure of information contained in the voluntary exclusion request or list, except for willfully unlawful disclosure of such information to persons other than entities under the jurisdiction of the commission; or (D) the dissemination of confidential information contained on the exclusion list by facilities under the jurisdiction of the commission to any party not authorized to receive the information.

\_\_\_\_\_  
Signature of Voluntarily Excluded Individual

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

## Section 3: Authorization and Request to Release Information

- I understand that after I file this request, including this Authorization and Request to Release Information that allows the IGC to inform Indiana riverboat licensees and operating agents that I have voluntarily excluded myself for the stated period of time, some casinos may choose to deny me service at their facilities in other jurisdictions or states.
- I accept any risk of adverse public notice, embarrassment, criticism or other action, including any financial loss, which may directly or indirectly result from the release of this information authorized in this Authorization and Request to Release Information.
- I request that the personal information provided on this form be disseminated by the commission to the owners of facilities under the jurisdiction of the commission for purposes of enforcement.

\_\_\_\_\_  
Signature of Voluntarily Excluded Individual

\_\_\_\_\_  
Date

**Certification of Witness:** I certify that I personally witnessed \_\_\_\_\_ sign his/her name this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, that the individual requesting voluntary exclusion appears not to be under the influence of any alcoholic beverages, controlled substances or prescription medication, and that the signature, physical description and identity of the individual requesting voluntary exclusion match the individual's photograph and credentials, photocopies of which are attached to this Request.

\_\_\_\_\_  
Signature of IGC employee or designated agent and badge number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Location

*The IGC employee or designated agent shall verify the signature of the individual requesting voluntary exclusion and inform him/her that he/she is now on the Voluntary Exclusion List. It will take a few days to forward the information to the casinos. The IGC employee or designated agent shall ask the individual to surrender all players' cards for all Indiana casinos.*

## Section 4: Verification Information

- 17** Are you in need of a language interpreter in order to fully understand this program and the questions contained on this request form? ☐ Yes ☐ No

*(If yes, section six must be completed.)*

- 18** Are you presently under the influence of any alcoholic beverages, controlled substances or prescription medication that would prevent you from making a sober and informed decision? ☐ Yes ☐ No

*(If yes, terminate the interview)*

- 19** Are you completing this request form of your own free will? ☐ Yes ☐ No

*(If no, terminate the interview)*

- 20** Have you read this request form and do you understand its contents? ☐ Yes ☐ No

- 21** Do you understand that, if you are placed on the Voluntary Exclusion List, it will be your responsibility to stay out of all Indiana casinos?

☐ Yes ☐ No

- 22** Do you understand that, according to the terms of this request form, it is not the responsibility of the IGC or its agents to stop you from entering an Indiana casino riverboat? ☐ Yes ☐ No

- 23** Do you understand that, according to the terms of this request form, it is not the responsibility of the various casino companies to stop you from entering an Indiana casino? ☐ Yes ☐ No

- 24** Do you understand that, if you complete this request form, the consequences of your being discovered on an Indiana casino riverboat are that you will forfeit all chips, tokens, non-complimentary pay vouchers and electronic credits in your possession or control and you may be subject to criminal charges? ☐ Yes ☐ No

- 25** Do you understand that, if you complete this request form, you will not be eligible to win a gambling game and therefore will be denied winnings that you attempt to claim while visiting an Indiana casino? ☐ Yes ☐ No

- 26** Do you understand that, by completing this request form, you are authorizing the Indiana Gaming Commission to release the contents of your request to all Indiana riverboat licensees and operating agents and their agents? (This information can be used only to enforce the rules of the IGC. No one else may access the information in your application including your family members, employer or prospective employer.) ☐ Yes ☐ No

- 27** Do you understand that releasing the information in this

request to the agents and affiliates of Indiana casino riverboats may result in your being denied service at affiliated casinos in other states or locations? (For example, if an operator of an Indiana casino riverboat owns or manages another casino in another state, that operator may choose to deny you service at all its locations.) ☐ Yes ☐ No

- 28** Do you understand that, by completing this form, you are requesting to be placed on the List of Voluntarily Excluded Individuals and that such placement is for one year, five years, or life? ☐ Yes ☐ No

- 29** Do you have any questions that the Indiana Gaming Commission employee or designated agent has not answered to your satisfaction regarding the terms of this request form that prevents you from making an informed decision whether or not to complete and sign this request form? ☐ Yes ☐ No

*(If yes, the interview is terminated.)*

- 30** Do you understand that it is your responsibility to provide the Indiana Gaming Commission with updated information regarding any information provided in this request, including name and address changes? ☐ Yes ☐ No

- 31** Are you required to enter an Indiana casino riverboat in the performance of your job duties? ☐ Yes ☐ No

*If yes, please provide the following information:*

Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Indiana Gaming License Number (if you have one)

\_\_\_\_\_

Writing your initials in the box to the right acknowledges that you understand the questions above, have reviewed your response and have checked the appropriate box.

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## Section 5: Acknowledgment

I have completed and am signing this Request for Voluntary Exclusion in a sober and informed condition not under the influence of any alcoholic beverages, controlled substances or prescription medication. I am voluntarily requesting exclusion from the gaming areas at all facilities under the jurisdiction of the Indiana Gaming Commission. I certify that the information that I have provided above is true and accurate, and that I have read and understand and agree to the waiver and release included in this request for placement on the voluntary exclusion list. I am aware that my signature below authorizes the commission to direct all Indiana riverboat licensees and operating agents to restrict my gaming activities in accordance with this request. If I have requested to be excluded for life, I am aware that I will be unable to cause my name to be removed from the voluntary exclusion list. If I have elected to be placed on the list for a period of one (1) or five (5) years, I may extend, but not reduce, the period of voluntary exclusion. I am aware that I will remain on the list until such time as the commission removes my name in response to my written request. I am aware and agree that during any period of exclusion, I shall not collect any winnings or recover any losses resulting from any gaming activity at all gaming facilities under the jurisdiction of the commission. I understand that any money or thing of value obtained by me from, or owed to me by, a riverboat licensee or operating agent as a result of wagers made by me while on the voluntary exclusion list shall be subject to forfeiture and that I may be subject to criminal action for trespass if I enter the gaming area of a casino property .

\_\_\_\_\_  
Signature of Voluntarily Excluded Individual

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

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## Section 6: Interpreter Information

Note for individuals requesting voluntary exclusion using an interpreter: The individual making this request required the assistance of an interpreter in order to complete this request form. The name, address, phone number, Social Security number, and date of birth of the interpreter are listed below as well as an affirmation that the interpreter has completely and accurately communicated all instructions given by the IGC employee or designated agent and that the individual requesting voluntary exclusion has indicated that he/she understands the documents included in the request form and has signed the documents in a sober and informed condition with full knowledge of the responsibilities and consequences of being placed on the Voluntary Exclusion List.

Full name of interpreter \_\_\_\_\_

Street address \_\_\_\_\_

City, State, and Zip \_\_\_\_\_

Home telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Language spoken by interpreter \_\_\_\_\_

### AFFIRMATION

I, \_\_\_\_\_,  
through my signature below affirm, attest and  
acknowledge that I have served as an interpreter for  
\_\_\_\_\_ to assist  
him/her in completing a Request for Placement on  
Voluntary Exclusion List. I affirm and attest that I have  
completely and accurately communicated all instructions  
from the IGC employee or designated agent verifying this  
Request.

The individual requesting voluntary exclusion has  
informed me that he/she understands the documents I have  
assisted in explaining and has signed them in a sober and  
informed condition and knows and understands all of the  
responsibilities associated with being placed on the  
Voluntary Exclusion List and asks the Indiana Gaming  
Commission to place him/her on such list.

\_\_\_\_\_  
Signature of Interpreter

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date